

10/30/98

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PTO/SB/05 (12/97)
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UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.	71516-2	Total Pages	13
	First Named Inventor or Application Identifier			
	Pirmin ROMBACH et al.			
	Express Mail Label No.			

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
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<p>1. <input type="checkbox"/> Fee Transmittal Form (Submit an original, and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification [Total Pages <input]<br="" type="text" value="9"/>(preferred arrangement set forth below)</p> <ul style="list-style-type: none">- Descriptive title of the Invention- Cross References to Related Applications- Statement Regarding Fed sponsored R & D- Reference to Microfiche Appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure <p>3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets <input]<="" p="" type="text" value="1"/><p>4. Oath or Declaration [Total Pages <input]<="" p="" type="text" value="1"/><ul style="list-style-type: none">a. <input type="checkbox"/> Newly executed (original or copy)b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed) (Note Box 5 below)i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).<p>5. <input type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</p></p></p>	<p>6. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <ul style="list-style-type: none">a. <input type="checkbox"/> Computer Readable Copyb. <input type="checkbox"/> Paper Copy (identical to computer copy)c. <input type="checkbox"/> Statement verifying identity of above copies
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ACCOMPANYING APPLICATION PARTS	
8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
9. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee)	<input type="checkbox"/> Power of Attorney
10. <input type="checkbox"/> English Translation Document (if applicable)	
11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449	<input type="checkbox"/> Copies of IDS Citations
12. <input type="checkbox"/> Preliminary Amendment	
13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
14. <input type="checkbox"/> Small Entity Statement(s)	<input type="checkbox"/> Statement filed in prior application. Status still proper and desired
15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
16. <input checked="" type="checkbox"/> Other: Identification of Inventors	

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

<input type="checkbox"/> Continuation	<input type="checkbox"/> Divisional	<input type="checkbox"/> Continuation-in-part (CIP)	of prior application No: _____/_____
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18. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label	(Insert Customer No. or Attach bar code label here)	or <input type="checkbox"/> Correspondence address below
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NAME	John P. DeLuca				
	Watson Cole Grindle Watson, P.L.L.C.				
ADDRESS	1400 K St., NW, 10th floor				
CITY	Washington	STATE	DC	ZIP CODE	20005-2477
COUNTRY	U.S.A.	TELEPHONE	202-628-3600	FAX	202-628-3650

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	8 -20 =		x \$ _____ =	\$
	INDEPENDENT CLAIMS(37 CFR 1.16(b))	1 -3 =		x \$ _____ =	
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))			+ \$ _____ =	
				BASIC FEE (37 CFR 1.16(a))	790.00
				Total of above Calculations =	790.00
	Reduction by 50% for filing by small entity (Note 37 CFR 1.9, 1.27, 1.28).				
	TOTAL =				790.00

6. Small entity status:

- a. ☐ A small entity statement is enclosed.
b. ☐ A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.
c. ☐ Is no longer claimed.

7. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. _____:

- a. ☐ Fees required under 37 CFR 1.16.
b. ☐ Fees required under 37 CFR 1.17.
c. ☐ Fees required under 37 CFR 1.18. NO FEES PAID AT THIS TIME.

8. ☐ A check in the amount of \$ _____ is enclosed.9. ☐ Other: _____**NOTE:**

*The prior application's correspondence address will carry over to this CPA
UNLESS a new correspondence address is provided below.*

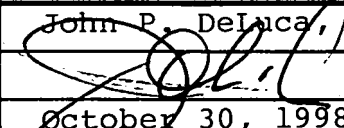
10. NEW CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Labelor ☐ New correspondence address below

(Insert Customer No. or Attach bar code label here)

NAME	John P. DeLuca				
	Watson Cole Grindle Watson, P.L.L.C.				
ADDRESS	1400 K St., NW, 10th floor				
CITY	Washington	STATE	DC	ZIP CODE	20005-2477
COUNTRY	U.S.A.	TELEPHONE	202-628-3600	FAX	202-628-3650

11. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME	John P. DeLuca, Reg. No. 25,505
SIGNATURE	
DATE	October 30, 1998

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